



Rec'd PCT/PTO 24 OCT 2005
PATENT

IN THE UNITED STATES
PATENT AND TRADEMARK OFFICE

APPLICANT(S): Gregory William Richard
APPLICATION NO.: 10/530,786
FILING DATE: April 8, 2005
TITLE: Medical Demonstration
EXAMINER: Not Yet Assigned
GROUP ART UNIT: 3737
ATTY. DKT. NO.: 23133-10300

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Mail Stop Missing Parts, Commissioner For Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below:

Dated: 10/19/05

By:

A.C. Smith

Albert C. Smith, Reg. No.: 20,355

MAIL STOP MISSING PARTS
COMMISSIONER FOR PATENTS
P.O. BOX 1450
ALEXANDRIA, VA 22313-1450

10/27/2005 MAYPASH 00000152 10530786
01 FC:2617 65.00 OP
RESPONSE TO NOTICE TO FILE MISSING PARTS OF APPLICATION

SIR:

Responsive to the Notice to File Missing Parts dated August 12, 2005
received in the above-identified patent application,

☒ Enclosed are:

- ☒ a copy of the Notice to File Missing Parts;
- ☒ an original, signed Declaration;
- ☒ an original, signed Power of Attorney;

10/27/2005 MAYPASH 00000152 10530786

65.00 OP

23133/10300/DOCS/1566767.1

☒ payment in the amount of \$ 65.00 for the

☐ application filing fee;

☐ fee for additional claims; and

☒ missing parts surcharge.

☐ Other

☐ Applicant claims small entity status under 37 C.F.R. § 1.27.

Respectfully submitted,
GREGORY WILLIAM RICHARD

Dated: 10/19/05

By: A-C Smith
Albert C. Smith, Reg. No.: 20,355
Fenwick & West LLP
801 California Street
Mountain View, CA 94041
Tel.: (650) 335-7296
Fax: (650) 938-5200



JC04 Rec'd PCT/PTO 24 OCT 2005

PCT
\$
+

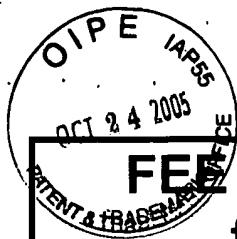
TRANSMITTAL FORM <i>(to be used for all correspondence during pendency of filed application)</i>		Application Number	10/530,786
		Filing Date	April 8, 2005
		First Named Inventor	Gregory William Richard
		Group Art Unit Number	3737
		Examiner Name	Not Yet Assigned
Total Number of Pages in This Submission	11	Attorney Docket Number	23133-10300

ENCLOSURES (check all that apply)	
<input checked="" type="checkbox"/> Fee Transmittal Form (in duplicate) <input checked="" type="checkbox"/> Check Enclosed for \$205.00	<input type="checkbox"/> Issue Fee Transmittal
<input checked="" type="checkbox"/> Return Receipt Postcard	<input type="checkbox"/> Letter to Chief Draftsperson
<input checked="" type="checkbox"/> Response to Notice to File Missing Parts	<input type="checkbox"/> Formal Drawing(s): [] Sheet(s) of Figure(s) []
<input checked="" type="checkbox"/> Assignment & Recordation Cover Sheet	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Declaration	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input checked="" type="checkbox"/> Power of Attorney	<input type="checkbox"/> Certified Copy of Priority Document(s)
<input type="checkbox"/> Application Data Sheet	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Information Disclosure Statement & PTO/SB/08A <input type="checkbox"/> Copies of IDS Cited References	<input checked="" type="checkbox"/> Notice of Claim of Small Entity Status
<input type="checkbox"/> Request for Corrected Filing Receipt	<input type="checkbox"/> _____
<input type="checkbox"/> Request for Correction of Recorded Assignment	<input type="checkbox"/> _____
<input type="checkbox"/> Amendment/Response: [] Page(s) <input type="checkbox"/> After Final	<input type="checkbox"/> _____
<input type="checkbox"/> Status Request	<input type="checkbox"/> _____
<input type="checkbox"/> Revocation and Substitute Power of Attorney	<input type="checkbox"/> _____

REMARKS:

SIGNATURE OF ATTORNEY OR AGENT			
Signature:	<i>A.C. Smith</i>		
Attorney/Reg. No.:	Albert C. Smith, Reg. No. 20,355	Dated:	10/19/05

CERTIFICATE OF MAILING			
I hereby certify that this correspondence, including the enclosures identified above, is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below. If the Express Mail Mailing Number is filled in below, then this correspondence is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service pursuant to 37 CFR 1.10.			
Signature:	<i>A.C. Smith</i>		
Typed or Printed Name:	Albert C. Smith	Dated:	10/19/05
Express Mail Mailing Number (optional):			



Rec'd PCT/PTO 24 OCT 2005

FEE TRANSMITTAL
for FY 2005

Patent fees are subject to annual revision.

☒ Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT (\$)** 165.00**Complete if Known**

Application Number	10/530,786
Filing Date	April 8, 2005
First Named Inventor	Gregory William Richard
Examiner Name	Not Yet Assigned
Art Unit	3737
Attorney Docket No.	23133-10300

METHOD OF PAYMENT (check all that apply)☒ Check ☐ Credit Card ☐ Money Order ☐ Other ☐ None
☐ Deposit Account:

Deposit Account Number 19-2555

Deposit Account Name Fenwick & West LLP

The Commissioner is authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☒ Credit any overpayments☒ Charge all required fee(s) or any underpayment of fee(s) due under 37 CFR §1.16 or §1.17 during the pendency of this application☐ Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.**FEE CALCULATION****1. BASIC FILING FEE**

Large Entity Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
----------	----------	----------	----------	-----------------	----------

SUBTOTAL (1) (\$)**2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE**

	Extra Claims	Fee from below	Fee Paid
Total Claims	20**		
Independent Claims	3**		
Multiple Dependent			

Large Entity Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description
1202	50	2202	25	Claims in excess of 20
1201	200	2201	100	Independent claims in excess of 3
1203	360	2203	180	Multiple dependent claim, if not paid
1204	200	2204	100	**Reissue independent claims over original patent
1205	50	2205	25	**Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$)

**or number previously paid, if greater; For Reissues, see above

FEE CALCULATION (continued)**3. ADDITIONAL FEES**

Large Entity	Small Entity	Fee Description	Fee Paid
1051 130	2051 65	Surcharge - late filing fee or oath or declaration	65.00
1052 50	2052 25	Surcharge - late provisional filing fee or cover sheet	
1053 130	1053 130	Non-English specification	
1812 2,520	1812 2,520	For filing a request for <i>ex parte</i> reexamination	
1804 920*	1804 920*	Requesting publication of SIR prior to Examiner action	
1805 1,840*	1805 1,840*	Requesting publication of SIR after Examiner action	
1251 120	2251 60	Extension for reply within first month	60.00
1252 450	2252 225	Extension for reply within second month	
1253 1020	2253 510	Extension for reply within third month	
1254 1,590	2254 795	Extension for reply within fourth month	
1255 2,160	2255 1,080	Extension for reply within fifth month	
1401 500	2401 250	Notice of Appeal	
1402 500	2402 250	Filing a brief in support of an appeal	
1403 1000	2403 500	Request for oral hearing	
1451 1,510	1451 1,510	Petition to institute a public use proceeding	
1452 500	2452 250	Petition to revive - unavoidable	
1453 1,500	2453 750	Petition to revive - unintentional	
1501 1,400	2501 700	Utility issue fee (or reissue)	
1502 800	2502 400	Design issue fee	
1503 1100	2503 550	Plant issue fee	
1460	1460	Petitions to the Director	
1807 50	1807 50	Processing fee for Provisional Applications	
1806 180	1806 180	Submission of Information Disclosure Stmt	
8021 40	8021 40	Recording each patent assignment per property (times number of properties)	40.00
1809 790	2809 395	Filing a submission after final rejection (37 CFR 1.129(a))	
1810 790	2810 395	For each additional invention to be examined (37 CFR 1.129(b))	
1801 790	2801 395	Request for Continued Examination (RCE)	
1802 900	1802 900	Request for expedited examination of a design application	

Other fee (specify) _____

SUBTOTAL (3) (\$)

*Reduced by Basic Filing Fee Paid

SUBMITTED BY

Name (Print/Type) Albert C. Smith

Registration No. 20,355
(Attorney/Agent)**Complete (if applicable)**

Telephone 650.335.7296

Signature

a.c. Smith

Date

10/19/05